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ORIGINAL COMMUNICATIONS.

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REVIEW OF ANATOMY, PHYSIOLOGY AND SURGERY IN THE PAST YEAR.

BY G. W. GERE, M. D.

[Read before the State Eclectic Medical Society, Dec. 13, 1882.]

IN anatomy and physiology I have few discoveries to report,—have not indeed given the subject of physiology much attention; and as human anatomy has long since become a completed science, any variations of consequence must be purely accidental. The most curious abnormality of which I have lately become cognizant, is of the aortic valves. In two cases these consisted of but two cusps, while in one case the number was increased to four. It seems that the valves may perfectly perform their function in some cases of surprising abnormality.

Observation seems to have settled the fact, that the power of resistance of the human race, to the ill effects of injuries and surgical operations, decreases in direct ratio with their advance in civilization; for the black races stand operations the best; next come the Chinese and Japanese; next the Anglo-Saxons, and the Germans and French worst of all.

The successes of last year, in the results of new and important operations, have not been repeated this season, although the operations themselves have been frequently essayed by ambitious surgeons. Billroth's operations, especially of resection of the stomach, have been several times repeated—by himself as well as others, but the result has been, generally if not universally, fatal.

In England the innominate artery has been ligated, but the patient died in a few hours.

A number of cases of laparotomy for the relief of intestinal obstruction, are reported, but the result has been, as a rule, anything but a brilliant success.

The removal of the spleen, however, has been followed by recovery; and experiments showed that, for the first few months succeeding the operation, the red globules of the blood were deficient while the white corpuscles were in excess, but finally the normal equilibrium was restored.

The exploring needle has been safely and successfully used to detect gall stones, and the operation of cholecystotomy performed for their removal, with happy results.

Several successful cases of sponge-grafting are reported, and this mode of procedure is now generally recognized as a valuable aid to the process of repair in cases of extensive loss of tissue, accompanied by suppuration. The transplantation of considerable sections of muscular tissue, from the lower animals, with which to replace like structures removed from the human subject by operation, has also been entirely successful. Fragments of bone, as well, have been successfully transplanted, in order to repair losses occasioned by necrosis; but it seems essential that the pieces should be very small—not exceeding one-sixteenth to one-eighth of an inch in diameter. Skin grafts from a recently deceased subject, or from a recently amputated limb, have proven viable up to thirty-six hours after removal.

A distinguished German surgeon has cut down upon and wired together the ends of a fractured clavicle, in imitation of a not uncommon mode of procedure in cases of fracture of the patella; and records his success as an "ideal" one. The proceeding is, nevertheless, generally condemned by surgeons as dangerous and uncalled for.

A backward dislocation of the ulna and radius, of seven months standing, has been successfully reduced by means of etherization, section of the tendon of the triceps, and powerful extension, flexion, pronation and supination.

Lawson Tait has abandoned Listerism; and in his last one hundred cases of ovariotomy, has had but three deaths. He also reports three successful cases of cholecystotomy.

As an antiseptic, Iodoform now occupies the front rank; indeed the German surgeons are said to have "Iodoform insanity" to an extreme degree. It is best applied in powder dusted upon the surface by means of a pepper-box or powder-blower; also it may be rubbed into gauze, like plaster of Paris, and covered with absorbent cotton and bandage. In view of the increasing use of Iodoform, it is well to remember that cases of poisoning by this drug are numerous, and many fatal in their results. Iodoform has the best effect upon fresh wounds, and these are the cases in which absorption is most likely to take place—the symptoms of which are intoxication, sleeplessness, mania, cardiac paralysis and sudden death. The autopsy shows evidences of meningitis and fatty degeneration of heart, liver and kidneys. There is no known antidote, but when any of these symptoms occur, the administration of the drug should be stopped and alcoholic stimulants exhibited until the drug can be eliminated from the system. It is well to remember that some patients seem to show a peculiar idiosyncrasy to the effects of Iodoform, that is not shared by the majority of people.

Boracic acid has usually been considered a safe antiseptic, but two fatal cases of poisoning have been reported, where a portion of the solution has been left within the cavities of the body. The symptoms produced were vomiting, singultus, prostration and cardiac paresis.

Dr. Weir injects one-half drachm of carbolic acid, after evacuating the serous contents of a hydrocele, and claims this treatment to be superior to all others.

By means of local hypodermic injections of morphine, reduction may frequently be effected in cases of strangulated and previously irreducible hernias.

For burns and scalds, a soft cloth saturated with alcohol, covered with cotton, and the dressing wet occasionally with alcohol, is recommended as the best dressing.

Dr. Post has discarded the treatment of anthrax and furuncle by poultices, fomentations or emollients. He considers the best treatment to be, in the first stage, cautery—either actual or potential—and in advanced stages, free incision through the length, breadth and thickness. Injections of carbolic acid solution are beneficial at any stage.

Equitation, or horseback exercise, is recommended by Bodenhamer as prophylactic and curative in cases of hemorrhoids.

To remove plaster of Paris bandages, draw a camel's-hair pencil, wet with a strong solution of nitric acid, across the place where it is desirable to divide them; this softens the plaster so that it can be easily cut with a knife.

A case is reported in Richmond, Virginia, of a negro recently deceased, whose brain weighed seventy ounces. He had committed two murders, and had been twice in a lunatic asylum. When sane, he was considered to be unusually stupid.

A case of small-pox, in Texas, was diagnosed by the physician in attendance to be "erysipelas from the toes to the knee, measles from the knee to the waist, and *seven-year itch* from the waist to the top of the head."

OUR college prospects are of the brightest. New students for the present term are still being heard from. Energy and zeal attend the efforts of all present for advancement. These cannot fail to result in progress.

DIALYSIS, NATURAL AND ARTIFICIAL.

BY A YOUNG PRACTITIONER.

BY this term is meant the analysis or separation of the ingredients of a compound or mixture, by means of diffusion through an animal membrane. It differs from osmosis and filtration, in that it separates the ingredients, or analyzes the compound. It separates inorganic substances from the organic, and alkaloids from crude material.

The dialyser is composed of a large vessel to be filled with pure water, and a smaller vessel with a membraneous bottom, floating in the larger. The substance to be dialysed must be in solution, and placed in the inner vessel. Substances which diffuse most readily through the membrane, are generally those which possess the property of crystallization in a high degree, and called crystalloids. While the water is pure and cold, dialysis takes place, principally among the inorganic compounds. If slightly warmed, the alkaloidal salts will also diffuse rapidly through. If the water be made very slightly alkaline, oleaginous substances will be transfused. Now add to these conditions, motion and pressure, and we have what is known in the animal economy as absorption and digestion.

The activity of the greater part of our remedies depends on this property of rapid dialysis. Take, for example, common salt. It is diffused quickly through the blood, and soon appears in all the secretions and excretions of the body, in fact, its excretion is almost as rapid as its absorption. The greater ease with which a medicine is dialysed, the kinder and quicker its action as a remedy.

Our popular diflusable stimulants, the salts of ammonium, owe their popularity to this property of rapid dialysis, being among the first in the list of dialysable substances. Taken into the stomach, they are rapidly absorbed by the villosities of the small intestines, or dialysed through into the blood, by which they are carried to the lungs, and appear in the breath. They are dialysed through the skin, and appear in the perspiration, but principally through that great dialyser of the system, the kidneys, whence the majority of all the dialysable waste of the system is carried off.

A specific remedy, properly speaking, is one which will dialyse rapidly, without alteration. You are all familiar with the specific action of atropia. It matters not how it is introduced into the system, its action on the pupil is rapid and certain.

Now look for a moment at apomorphia. Introduce it into the system in what manner you please, and prompt emesis is the result, showing that it is a specific remedy, with a rapid rate of diffusion or dialysis, and a selective affinity for the pneumogastric nerve. Dialyse mercury? It will not dialyse. A few of its salts will dialyse, but very slowly.

Now, we know that some compounds are changed to new ones while passing through the system. This is true of mercurial salts, forming sometimes, albuminate of mercury. This salt has not the property of dialysis, hence it is not excreted rapidly, if at all, but accumulates in the system, and remains an irritant foreign body. To a certain extent, the same is true of arsenicum, and its salts, they taking many days for their elimination.

In prescribing remedies, it would be well, always, to look at their property of dialysis, for then we can judge how soon the remedy will act, how soon its effect will cease, how soon to repeat the dose, when it will be eliminated, if eliminated at all, etc. Next to its selective affinity, its dialysis is the most important property of a drug.

The popular system of hypodermic medication depends almost wholly on this property of dialysis, and the remedies used by this method must necessarily be specifics.

The same is true of epidermic and enepidermic medication, and rectal alimentation is simply the dialysing of food into the system, through the walls of the large intestine. Dialysis is also of great value in testing cases of poisoning. Place the contents of the stomach in the dialyser, with pure cold water below, test the water for such poisons as the common mineral acids, bases and salts. Now, slightly warm a fresh supply of water, dialyse, and test for the alkaloidal salts. Again refill the vessel, slightly warm and place a very small quantity of an alkali in the water, dialyse and test for oleaginous poisons, such as oil of tanzy, oil of lobelia, etc. The undialysed mass may be tested for irritant substances in a finely divided state, such as mercury, glass, iron filings, etc.

DISTURBANCES OF VISION AND UTERINE DISEASES.

BY F. CORNWALL, M. D.

[Read before the State Medical Society, December 13, 1882.]

I HAVE not chosen the above topic for this occasion, because it is one with which I am most familiar, or in which I am the most interested; but because I thought it would be of particular interest to you who are engaged in general practice. Ophthalmology is so badly obscured by technicalities that I, with some reluctance, ask attention of you who do not pretend to be familiar with it; and, in so far as it is compatible with an understanding of the subject, will use the plainest expressions. Most medical men are aware that women, who are suffering from uterine ailments, or those who are hysterical, are liable to be subject to ocular disturbances, but, as a rule, they have ill-defined ideas of what those eye affections are, or the consequences to which they might lead. It is an old, old story to the physician, the many reflex symptoms from which females suffer who have disturbances of the reproductive organs, but it is usually understood, and perhaps fallaciously, that those remote neural symptoms are not liable to harm the structures in which they occur. The discussion of this particular matter I shall not enter into, as it is without my province, excepting so far as it relates to the structures of the eye.

Among the functional affections to which the eye is liable, asthenopia and hyperasthesia of the retina, are often to be traced to sympathy with the reproductive organs. Asthenopia, or weak vision, is produced in these cases, by feebleness of accommodative power. Persons thus affected will be able to see perfectly at a distance, and for a few moments at a time, near objects; but, upon an attempt at fine needle-work, or reading, the eyes will dazzle, the letters, or small objects seem to run together, and finally there is total inability to proceed. There may be considerable dull pain in the eye-ball and orbit, and other symptoms of a varied character. Now these are the symptoms of errors of refraction, such as myopia, hypermetropia, and astigmatism, and without an examination of the eye to determine whether these anomalies exist or not, there might be a doubt as regards the cause of these symptoms. Asthenopia may exist from reflex action from the reproductive organs when the eye is normal, but when the eye is put upon the slightest strain from these anomalies, these symptoms are much more likely to develop. The function of the eye, which enables us to see at different distances, is a muscular one, and any influence that produces muscular debility in the body at large, will produce a similar impression on this delicate structure—the ciliary muscle. A cure of this condition, of course, would require a removal of the cause; but in some cases this is with difficulty accomplished. In the meantime the patient should be relieved of the accommodative debility by supplementing convex glasses to represent what is lacking in this function. Where the asthenopia is muscular, and is caused by insufficiency of the recti interni, prisms may be used to lessen the amount of convergence required.

Hyperasthesia of the retina is very often complicated with accommodative asthenopia which makes the case more distressing. Persons thus afflicted are pained by bright light and suffer from photopsia. Photophobia is almost always an attendant, and in some cases, the degree is so great that ordinary day-light cannot be tolerated. These symptoms are indicative of inflammatory affections of the iris, or other parts of the uveal tract, but when upon examination we find no evidence of such a condition, we at once think of sympathetic trouble from the uterus or ovaries.

Hyperasthesia of the retina, being a functional affection, might be considered harmless in its permanent effect upon vision, but such is not the case, as serious organic changes will take place in the retina and optic nerve from this continued irritation. Reflex retinal irritations bring about changes in the circulation and nutrition of the optic nerve or retina, and atrophy may be the result. It is especially noticable that there are slight degrees of atrophy of the optic nerve and retina in most of these cases of retinal hyperasthesia of long standing, and that the process has continued very slowly, and without pain. Narrowing of the field of vision is a common result of hyperasthesia of the retina, as is also a condition in which one part of the field differs in sensibility from another. I remember a case of a woman who attended my clinic. She saw $\frac{20}{20}$, that is normally, while objects were situated horizontally, as regards the axis of vision, but when placed upwards or downwards from that plane, she said she saw double. This caused me to remark to the class that it was a case of diplopia, but I examined the eyes separately, and soon determined my mistake, as the double vision was just as prominent while using one eye as when looking with both. This patient, in addition to seeing double in the upper and lower hemispheres as above described, also, saw above and below when in a bright light, appearances, in these portions of the field as of a blaze of fire. There was, also, feebleness of accommodation. This, then, was a case of asthenopia and hyperasthesia of the retina, and had a history about as follows:—

Two years previously for the first time, she noticed these symptoms, and they occurred shortly after the death of her husband. The great emotional excitement, she being of an hysterical turn, might have been supposed to have exerted an influence sufficient to have produced this result, but as the excitement passed away, the ocular symptoms should also, have disappeared. There is a probability that the reproductive organs, with the sudden cessation of coitis, were left in a condition to unfavorably impress the nervous system. This would seem all the more probable, as the woman was in fair health, and complained of no uterine disease. The effect of the practice of onanism, or the abuse of the sexual organs in a physiological way, is also a frequent cause for the development of asthenopia. I, in my own practice, have had a number of cases of this kind. In the case of a lady who suffered from asthenopia, and hyperasthesia of the retina, I suspected, from the fact that the refraction of the eye was normal, that it was reflex from sympathy with some uterine affection. This caused me to investigate the matter when the menstrual function was found to be normal, and the uterus in a healthy state. The husband was also afflicted similarly, which caused me to put these two things together and concluded that there might be excessive sexual indulgence, which upon inquiry, I found to be the case. It is a notable fact, how the excessive use of the sexual function will derange the whole economy, and this admonishes us, that temperance in these matters is as necessary as in others.

Disturbance of the menstrual function is a common source of troublesome affections of the conjunctiva and cornea, Periodic exacerbations occur simultaneously with the menstrual period, when this is the case. Trachoma, interstitial keratitis, and blepharitis marginalis are not infrequently known to run such a course in young girls about the molimina menstrualia. The menses, in a case of this kind, are either scanty, tardy, irregular, or absent. When physicians are treating ocular affections of young girls, and these affections seem to have a periodic tendency, they should suspect some reflex influence from the menstrual function.

Mydriasis, or dilated pupil, is frequently met with as the result of uterine disease, or menstrual irregularities. In these cases irritation of the spine, evidenced by sensativeness over the second and third dorsal vertebra, is likely to be present. The mydriasis may be single or double, and when the former, it might alarm the doctor, as this is a symptom of structural brain affections.

Acute affections of the uterus also need consideration, as they are even more destructive to the eye, many times, than chronic ones. This is the case in other acute diseases also. During an attack of malignant fever, vascular extravasations of the retina not infrequently occur, which produce partial or total blindness. According to their location, as regards their proximity to the macula lutea, the danger to vision varies. When absorption takes place, vision, in a measure, returns. The greater the destruction of tissue at the seat of the extravasation, the more permanent the visual defect will be.

It must be a conceded fact, that to suddenly arrest the menstrual function would lead to stagnation of blood in the remote parts of the body. Inflammatory affections of the uterus, or any of the various misplacements to which this organ is liable, must have an analogous effect upon the pelvic viscera. Doctor Mooren, in a very able paper on this subject, has traced the anatomical connection between the veins of the pelvis, and those of the occiput, through the spinal cord; and how pressure, in this region, produces the characteristic sensations in the back of the head which are usually considered symptomatic of uterine disease. These congestions are liable to produce extravasations, and they, in turn, when located so as to exert pressure on the structure from which arise any of the nerves, paresis or paralysis of the part to which these nerves are distributed, will be the result. He says, "we must thoroughly understand these anatomical facts, before we can appreciate how a nervous congestion working on the occipital lobes can bring about a 'fulminating attack of blindness' after a sudden cessation of the menses. * * A rapid compression of these parts is sufficient to bring on a transitory blindness without any complication in the background of the eye."

It is of great importance, the attention that should be paid to the eyes of girls about the age of puberty, particularly when they are hard students. They will frequently complain of difficulties in vision when no changes in the background can be discovered, and yet it is not caused by asthenopia. When these symptoms continue for any great time, hyperæmia of the optic papillæ will develop, and when the brain is severely taxed, pain in the back of the head, sleeplessness, and nausea may supervene. Long continued irritation of this part will result in a slow atrophy of the optic nerve and blindness.

There is much more to be said on this subject, but for such an occasion as this, I fear I have already gone beyond my bounds.

MATERIA MEDICA REVIEW.

BY H. T. WEBSTER, M. D.

Antimonii et Potassii Tartras—*Synonyms, Tartrate of Antimony, Tartar Emetic.* This agent has been considered a dangerous remedy, by many eclectic writers, and little use has been made of it by our school. In proper doses, we are convinced that it is as harmless as any medicine, and its action is so prompt and effectual, that we would not attempt the treatment of certain cases without it, if it was obtainable. We would prohibit its use, however, to minute doses, seldom employing any form but the second or third decimal trituration.

A wide range of action is claimed for it by some writers of other schools. We will limit its use to affections of the broncho-pulmonary mucous membrane.

A very troublesome form of disease to control, is the *asthenic bronchitis* of children and old people. In these cases, the mucous membrane of the smaller bronchi, and even of the air-cells, becomes the seat of profuse secretion, which may be plainly heard upon the back of the thorax or almost any portion of its surface, upon auscultation. The sounds are described as moist crackling, and consist of hissing bubbling noises, resulting from obstruction of the passages by this secretion. So profuse may this become, as to prevent the proper aeration of the blood and produce asphyxia. Several of our vegetable remedies have been employed here, with undoubted advantage, as lobelia, sanguinaria, and ipecac, but none of them in our experience exerts the prompt influence that tartar emetic does, in permanently arresting the morbid condition. It seems to search out the affected structures and repair them with surprising efficacy.

Another condition where we employ it with success, is in coughs with rattling of mucus in the air-passages, provoking frequent repetition of the paroxysms and refusing dislodgement, in other words, where it is a matter of great difficulty to raise mucus which seems already loose. Dose of the second or third decimal trituration, the latter being preferable in children, one or two grains every three hours. A large dose of this agent would aggravate the very condition we were attempting to relieve.

Ammonium Bromide—*Synonym, Bromide of Ammonium.* This agent exerts its influence chiefly upon the nerve centers improving their nutrition and generative force. Nervous diseases depending for their cause upon want of energy in the parts will often improve under its influence. Epilepsy has been remedied by its use where this condition prevails. Probably it is as successful an agent as we possess for administration in this disease, one so intractable, however, that we should not expect too much of any remedy. In whoopingcough, and other coughs of spasmodic character simulating that disease, we may derive benefit from its use.

Dose—One-half ounce of the bromide to four ounces of water, a teaspoonful of which mixture may be taken four times daily.

Ammonium Muriaticum—*Synonyms, Muriate of Ammonia, Hydrochlorate of Ammonia, Sal Ammoniac.* This may be used as a stimulant to the capillary circulation in any adynamic condition, both internally and as an application to the skin and mucous membranes. We have derived advantage from it in this way in bad cases of scarlatina and diphtheria. In oppressed respiration with cough it is of value. Old authorities recommend its constitutional use in chronic hypertrophy of the spleen, and we have seen it act well in such cases, but prefer in this place the polymnia uvedalia. As a remedy in mumps, to prevent metastasis and control constitutional disturbance, it has been very successful, being valuable also in preventing relapses during convalescence from this disease.

Dose—This may vary from one grain to twenty, dissolved in water and repeated three or four times daily, or if its stimulating effects are required ,every one or two hours.

THE BABY-WOMAN.

BY WM. WEBER,

Medical student in California Medical College.

SOPHIE GANTZ, born July 27, 1865, was the twelfth child of Isaac and Theresa Gantz, who then resided at 205, corner Providence and Liberty Streets, Cincinnati, Ohio. Four years had intervened between this and the preceding birth. Nothing peculiar was noticed in the appearance of the child at the time of its birth, except that there was an abundant growth of curly brown hair upon its head, which, however, was not considered of importance at the time. In July 1867, about two years after birth, the mother noticed a sanguineous discharge from the external genitals, and fearing some injury had occured to the child, sent for Doctor Mark, the family physician, which view was coincided in by the doctor. In due time the hemorrhage ceased; but six weeks afterward it recurred, and at the same time it was noticed that there was appreciable enlargement of both breasts, and the little patient complained of pain in these parts.

The suspicion now began to arise that these symptoms were manifestations of precocious sexual development, and subsequent observation fully confirmed the opinion.

I saw this child in March, 1867, at which event she was menstruating for the seventh time. The first three periods had occurred with intervals of six weeks, the last four with the normal interval of twenty-eight days. At this time the breasts were full and elastic, the external genitals fully developed, and the mons veneris was covered with hair. The child was at that time thirty-seven and one-half inches high; weight forty pounds—legs very much curved outwards.

At the occasion of the German Sanger Fest in Chicago in 1868, I found this child on exhibition.

THE ORIGIN OF MAN.

THE subject of human origin is an interesting one for discussion and thought. The advocates of the two hypotheses—Special Creation and Evolution—continue to agitate the subject, without, however, as we can see, approaching any nearer a solution of the matter than they have been for years. Below we reprint an abstract from a lecture by Prof. Winchell, on "Man in the Light of Geology." It contains some interesting points upon subjects which interest the thinking medical man:—

Now that the history of the world has been so far completed, and man has come into possession of its surface, we are able to glance back over the events, and note how their tenor stands related to the final consummation reached in the advent of the human being, The first thought which strikes us is that man is the fulfillment of the prophecies of the ages. The first step of progress pointed toward man as the end of that progress. The first animal form which appeared was structureless and gelatinous, though it had the power to build a strong dome above it for protection from the accidents of a stormy sea.

But the next known appearance of animal life was at the bottom of the Silurian; and here was a marked advance along the line of improvement which was to lead up to man. In the latter ages came types higher and higher in succession, but all showing a nearer approach to the human consummation. The special history of vertebrates illustrates the thought more strikingly. Here the humble fish of the Devonian age, uncouth and grotesque as it was, gave clear expression to the vertebrate plan of animal structure, which, in the distant sequel, was to flower into the human form. When at length the condition of the world fitted it for the reception of air-breathers, the amphibian and then the reptile was built on the same fundamental plan as the fish. When the reign of mammals came, the predecessors of the horse, ox, elephant, and dog exhibited only other modifications of the same plan. Even the bird's wing has the same framework as the fish's fin, and the bird may be said, structurally as well as functionally, to swim through the air.

So man, at the end of this long and marvelous succession of modifications, is unable to boast of a framework devised for his peculiar use, since it is only borrowed from the mammal, the reptile and the fish. In some respects it is even less specialized than the skeletons of most mammals. The human foot, for instance, is a modification which characterized the mammals of the early tertiary age. Man now walks, as they did, on the whole length of the foot, while the dog, the horse, and other mammals step only on their toes. The bear, the badger, the kangaroo, and only a few other animals retain the archaic and almost obsolete modification of the foot seen in man. But it must be said that the plantigrade foot has been perpetuated in man, because best suited to serve him in his state of higher perfection.

For exactly the same reason the digitigrade foot was developed into the animals whose higher condition demanded fleetness and dexterity, under the various conditions of animal life. Man's advent was prophesied also in mineral arrangements, which sustain no relations to any other being than man. When the beds of coal were laid down it was not for the use of reptiles or mammals which followed. These wandered over the repositories of mineral fuel, unconconscious of the resources of civilization which lay beneath. These bore no relation to intelligent but incorporeal beings, for they felt no need of material supplies. Man only was the correlation of these stores of coal and metals and petroleum, with which the rocky crust of earth was stocked in the remote ages, before yet man existed—when man as yet was only a thought.

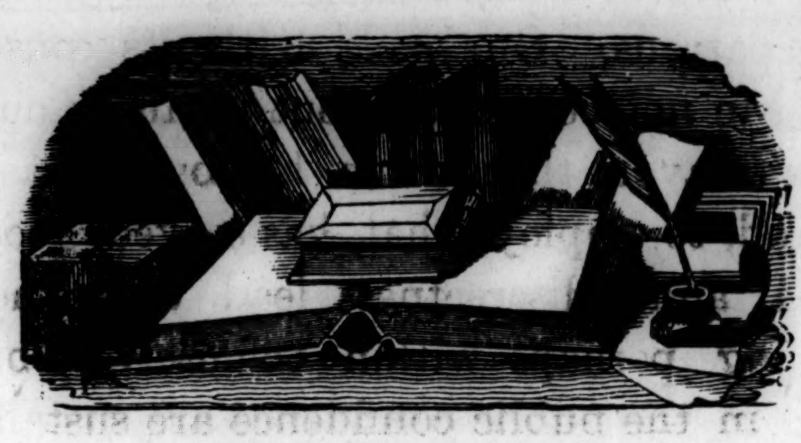
The next thought which strikes us is that the birthplace of man was prophesied by the events of geological history. America to-day is the home of great herbivorous quadrupeds. South America is characterized by edentates; Australia, by marsupials; while the Oriental continent is the home of the great carnivores. These four continents are thus graduated by the rank of the mammalian faunas which inhabit them. The Orientl is highest. Now this gradation already existed in the ages before the present. The Orient was long the home of the highest mammals existing. Now that we know that the succession of life was to terminate in man, we discover that the existence in past ages of the pinnacle of life in the Orient was a clear prophecy that the final culmination in man would be in the Orient.

In the next place, we discover indications that man is to be contemplated as the final term of the organic series. This is indicated, as Agassiz used to teach, by the vertical position of the spinal axis in man. Beginning in the fish, with a horizontal attitude, the anterior extremity gradually rose as the succession of higher forms passed by, until now the erect attitude is for the first time natural and easy. No further progress of the kind is possible. Again, man is a cosmopolite. No creature before man could range over all the earth. The earliest animals had the widest range. The mammals immediately preceding the human advent had the most restricted range of all. It was to be expected that man's geographical range would be narrower than that of any of his predecessors. But lo! he is allowed to break over all bounds. He spreads into all climes and all lands. He holds continent, river and sea. He spurns the law of limitation which controlled all his predecessors, and asserts his emancipation from all restraints. This unexpected and striking fact means something. It seems to signalize the final term of the succcssion. It makes him the recipient of universal empire. It includes all competitors and all successors. The very superiorty of man in cerebral endowment and psychic powers reveals a chasm between him and his nearest inferiors which seems to proclaim that nature, in forming man, had been actuated by a new impulse, had acted with a changed conception, and was conscious of attaining the completion of her work.

Man's advent is a recent geological event. Man, also, in his earliest European advent, was the equal of modern man. Nor do we find anywhere any links graduating from man toward the rank of brutes. The apes have a genealogical tree; we trace them back to the beginning of the tertiary time. Man has no genealogical tree. He stands apart, as if he had been the product of an independent origination. However this may be, he is most closely related in plan of organization to the other members of the animal kingdom. The facts, in short, are such that we may, with Wallace, hold to the evolution of other animals, and yet not embrace the doctrine of the evolution of man.

Man's history is bound up with the history of the world. Its inorganic elements have yielded him the substances of which his body has been built. The surroundings of man have always conditioned his happiness, his prosperity, and even his existence. More intimately are man's organism and history bound up with the history of the organic world. His blood seems to have come through the veins of a long succession of brute progenitors. To say the least, he is held by an ideal bond of common structure to the most intimate kinship with the unreasoning creatures.

We detect in him the indications of a pyschic nature. We have often spoken of plans in nature. They are real. Plan is the expression of mind. All co-ordination implies mind. There is a mind, therefore, which presides over the structure and the history of nature. Man comprehends some of these plans. He thinks again the thoughts which have existed in the creative minds. He must possess, then, something of the intellectual nature of the Supreme Being revealed in the method of the world. He is more than matter—he is a living soul.



EDITORIAL.

The New Year.—A happy new year to all! Many happy returns of this glad day to you, my friendly Doctors. May your hearts be light with hopes and expectations of a better future!

This is a day in which we take a retrospect of our lives—compare this year, with its triumphs and disappointments, with last; a day in which we lay our plans for the future and make our sacred promises. This is a day—a connecting link between the years—in which we let loose *oneself* from the future and the past. Our old notch-stick, Time's emblem, is thrown away. With reluctance we bid farewell to the time we cannot recall, and feelings of sadness steal over us, maybe mixed with joy or pain. Sad to bid good-by to scenes and friends forever gone, the recollection of which or whom has left an impress on our memory to gladden or shadow our lives. Hope comes to us with our resolves to try anew life's battles, and our heart-throbs quicken in anticipation of the Arcadia to come.

Our's (the physician's) is a life of toil, not unmixed with satisfaction and reward. In our retrospect of the past, pleasant scenes arise before us—of lives saved and misery relieved, of the gratitude of patients and their friends, and the hearty welcome to their homes. The picture may be reversed and other scenes, not pleasant, be recalled; of ingratitude remunerating honest service; of death's stroke, unstaid by our feeble hands, visiting our most cherished friends and patrons. Our past, with its consequences of good or evil can not be recalled, but it can be our tutor. It can teach us to avoid that which has bred disaster; and on the other hand, to employ what has served good purposes. Youthful zeal and indiscreetness lead us to the committal of acts, trifling perhaps within themselves, but through which, losses in the public confidence are sustained, the recovery of which takes years. Older ones, through indifference, neglect their patients and business till some new and more careful man takes them from him.

Let us, this New Year's Day, resolve to avoid the inefficiencies and errors which have led us astray, and, taking for a basis our successes, build upon them a structure replete with plenty for ourselves and usefulness for our patrons. This year, let us steer our professional bark clear of the shoals and quicksands into which we ran last and select with vigilance the current where experience has taught us the channel is deep and safe. May we all be happy and prosperous in this, the Day of our Lord, one thousand, eight hundred and eighty-three. *So mote it be.*

Our Hopes and Aims.—The New Year opens with bright auspices for the cause of eclectic medicine on the Pacific Coast. Its retrospect is not, every way, a pleasant one, but the future offers glorious opportunities and great possibilities. The College has become an established success, and our journal is circulating farther and farther with each issue. All that is now required is the concerted action of vigorous effort upon the part of every eclectic physician, to give our cause such an impetus as it has never before received in this region. We know that, individually, eclectics have prospered well in time past, both financially and in successful practice; but this cannot give us the respectability before the public that all should desire. What we want now is, the best medical college in the world, a well-appointed hospital, and as good a journal as circulates anywhere. The accomplishment of this end is manifestly a desideratum not only for individual good, but for the credit of the principles of our adoption. In order to succeed in it, we must all make some sacrifice and some extra effort.

As the object is in every way a worthy one, a proper pride in our own standing before the public should stimulate us all to do our best endeavor. There is a dearth of eclectic text-books for our college; who will write them? There are locations for eclectic physicians all over the west; who will fill them? Whose efforts should be put forth to further these objects? These are pertinent questions, and they have a direct reference to every live eclectic within the radius of a thousand miles from San Francisco. It has been demonstrated that a medical college can live and flourish here; and it is being demonstrated every day that eclectic physicians are the most successful practitioners on the coast. Let us throw aside old feuds, and every hindrance to usefulness, remembering that the advent of each New Year lessens our opportunities for well-doing, join hands in good fellowship, and show to competing factions such a series of brilliant successes, in the coming year, as shall not only almost, but quite persuade them to become a part and parcel of us.

The Climate of the Pacific Coast.—Our readers will remember that we promised, each month, something in regard to the climatic peculiarities of this country. This will require a great amount of labor, and in consequence of our hurry in getting out three numbers of the JOURNAL inside of thirty days, in order that twelve numbers be published for Volume III., it left us no time for the work.

It is a safe rule to follow for sanitary purposes to change from a low, to a high altitude; from a malarial country to one in which this source of disease is absent; from an atmosphere of great humidity to one that is dry; from a climate of great vicissitudes of temperature to one in which the diurnal thermometric changes are slight, etc. Now, this may be reversed, for very apparent reasons, changing from the high to the low altitudes, etc.

In the great Rocky Mountains, and other ranges between it and the coast, there is, north and south through the United States, some diversity of climate, but the main characteristic, contrasted with that of the "States," is the dryness and, usually, freedom from malaria.

There is another principle which applies to climatic influences, viz., that an extemely high or low altitude is not conducive to the best results. In fact, if you will notice the history of the development of man, it will be seen that the mountaineers are most noted for their physical perfection and moral courage, while those of low lands, of humid atmosphere, have attributes the reverse. Those mountain ranges of which we speak—as instances, the Highlands of Scotland or the mountains of Eastern Tennessee—are not of great altitudes, averaging about 2,000 feet. Space will not permit the discussion of this subject at present, and it is referred to that our reader may be able to think it over and be ready to follow us in the considerations which are to come. It is a notable fact, and one that is not well understood, that at great altitudes it is not conducive to fine physical development or longevity, but on the contrary the thread of life is very brittle, and the influence of the rareified air does not produce a healthy condition of the body. Extreme purity of the atmosphere and water and entire freedom from malaria are not, then, essential elements of health.

We will have to consider the sea-shore, the atmosphere of which is purified by its saline element, contrasted with the lowland back from where this is the case. The sea-shores of the Pacific and Atlantic have characteristics which differ from each other and which are, usually, imputed to the ocean currents, etc., etc. Now, if you will pardon this brief and very imperfect notice of our subject we will promise in the future to present some tangible and demonstrable facts for your consideration.

Tapeworm Remedies.—Those physicians who have had experience in the treatment of tapeworm, know that the removal of these parasites is not a matter of easy undertaking. Despite the numerous vaunted specifics, a large number persistently refuse to move out, and the patient passes through ordeals of active catharsis, starvation, and nauseant doses of tapeworm specifics, only to emerge with disappointment. We have demonstrated, to our own satisfaction, that while pomegranate, kousso, kameela, oil of male fern, pumpkin seeds, and the like, may succeed at times, they will as often fail to accomplish the desired end.

If some remedy of tolerable certainty could be discovered, which would do away with the necessity of so much unpleasantness of preparation, it would be a great advantage over the majority of those now in use. Dr. D. E. Smith, writing in the *Medical Tribune*, calls attention to a remedy, which, for the purpose named, is an entirely new one to the writer; but which would certainly not be a very unpleasant dose. The Dr. asserts that he has used it for years, and never failed to get the worm entire, after employing it in a large number of cases. The prescription is quite simple, consisting of chloroform, a fluid dram to four drams of fresh milk. Before administering, a purgative should be used to sweep the intestinal canal. If the first dose does not succeed, a second one should be given in two hours, when the worm will speedily appear, head and all. A valuable hint upon this subject now occurs; we cannot give its source, but have noticed it recently in an exchange. The tenia is not pleased with a cold climate, and when it begins to move away, if allowed to pass into a vessel containing warm water, will be less liable to return to its habitat.

The Apishness of Some Druggists.—The allopathic doctor-man has found his counterpart in the city of San Francisco. Some time ago a ring of apothecaries in that place got up a sort of mutual admiration society, which was dubbed the Pharmaceutical Association of San Francisco; and by manipulating the Legislature in ways peculiar, effected the passage of a law, by which all persons failing to sustain a successful examination before its Board, are prohibited from practicing pharmacy within the city limits. The show of respectability now having been made, the despicable principle of exclusivism displayed its cloven foot and men who had given excellent satisfaction as druggists for years in that place, were, by dint of "catch" questions, pronounced unqualified to act in such capacity, and were refused licenses. Some who refused compliance with the law were prosecuted, and contesting the matter made notorious the fact that the New Constitution provides particularly against special legislation. The Association, as we are informed, has thus been beaten several times at its own game. But still they insist upon monopolizing the business, and have lately begun suit against several, some of whom are members of our State Association, for practicing without their permission.

The sympathy of all lovers of justice and fair dealing, can but be with the persecuted in this matter, and if as represented, no doubt they will come off victorious.

Truly, the world moves, and San Francisco takes the lead. Considering the signs of the times, the period may not be very far distant when the junk-men of that place will be represented by a society of learned junkists before whose august body each one must pass muster and belong to the ring, and possibly subscribe to a code of ethics, before being allowed to drive a three-legged hack and crazy vehicle through the streets, and bawl "rags, bags, bot-tl-l-l's!"

"A Complicated Case."—"A complicated case is reported from Fort Worth, Texas. An irregular practitioner made a diagnosis of 'Erysipelas from the toes to the knee; measles from the knees to the waist; and seven years' itch from the waist to the top of the head.' A number of persons whose curiosity impelled them to visit this phenomenon contracted small-pox."—*Peoria Medical Monthly*. This is spreading it on a little thick, neighbor. We admit that there is some ignorance among the so-called irregular portion of the medical fold, but cannot believe that any one entitled to the credit of being a medical practitioner, could be any such "luney" as to make such a diagnosis. It, however, reminds us of an actual occurrence which came under our own observation. A graduate of Jefferson University, a very "tony" regular gentleman, holding at the time the highly important and responsible office of railroad surgeon for a line which centered in the place where the circumstance occurred, made himself the laughing stock of an entire community by entering a passenger coach and pompously pronouncing small-pox, the diagnosis in the case of a young man who had been taken ill on the route. Immediately the town was in an uproar—every body had to be vaccinated. But after waiting a couple of weeks in suspense for the onset of the fearful pestilence, it leaked out, after the astute gentleman had been prodded by a consulting confrere, that it was a very mild case of measles.

Verily, my learned masters, you stand on a lofty pinnacle of acumen and exclusivism! But if irregular medicine can average one half the ignorance and bombast to the square acre the good Lord commiserate its condition! It seems to us that it is badly out of taste for you to raise the cry of ignorance and incompetency on the part of irregulars so soon after the national reputation which your representatives made for blundering and bungling. In the case of President Garfield the only one connected with it who possessed any clear idea of the situation until it was almost at a fatal issue, was an irregular; and he was only permitted to be near the patient as a nurse, on the strength of being a relative. The record of that case is a standing satire upon "regular" perfection.

Jaborandi.—This, in large doses, induces profuse perspiration and ptyalism, and has been used for its action in this respect to arrest the onset of colds, and also in uremia to promote the exit of urates. Another property, and one almost unique in itself, is that which it possesses of stimulating the growth of the hair.

In the case of a young lady who received hypodermic injections of pilocarpin, an alkaloid of Jaborandi, for uremia, during a period extending over about three months, the uremia was entirely relieved, while remarkable changes took place in the appearance of her hair. The subject was a blonde. Twelve days after the administration of the pilocarpin began, a change in the color was noted. The hair also became thicker, coarser, and more oily. The eyes also became darker. Twelve days later the hair was cut, and at this time was of a chestnut-brown color. Four months after this, it was almost pure black. Other cases have been cited, proving the remarkable influence exerted upon the hair by the internal use of this agent.

Another influence exerted upon the eye is that of a myotic—that is, the power to cause contraction of the pupil placing it in a group with calabar bean, opium, digitalis aconite and lactuca virosa. In our last issue we spoke of its beneficial action, in small doses, for the relief of ptyalism and aphthæ. We have not thoroughly proven it in the ptyalism of pregnancy, but would recommend its trial in such cases, whenever opportunity offers. In aphthæ, and indeed in more extensive forms of ulceration of the mucous membrane of the mouth, it has acted promptly and with certainty. Let this be verified or contradicted. We would, moreover, recommend a trial of it in excessive action of the muciparous glands of the stomach, where the patient complains of a rising into the mouth of slimy material. The pilocarpin may be used in trituration, or injected hypodermically.

The Value of Industry.—The life of a medical man need not all be devoted to the humdrum of constant study and toil. He should have his hours of recreation in which to lay aside professional cares, and enjoy all the relaxation possible, for no constitution can endure a constant strain for many years without giving way.

But there is a class of physicians who never injure themselves by close application to business, who are well preserved, who know what a good dinner is, and how to enjoy it, who love social chat and pastime so well that their professional attainments through the treachery of a too long trusted memory become but illy defined. They grow rusty, gradually drop behind, and in a few years are confirmed old fogies. Such men may succeed financially, but they are no ornament to the profession they have adopted, and are often a disgrace to their more industrious brethren. We have more than once seen a physician engaged in neighborhood gossip in the corner grocery or on a dry goods box in front of some country store, the center of an admiring audience, when we have felt like advising him to cease such practices, go home and begin a review of his college studies. There is no good reason why any physician ought to forget his anatomy, his physiology, his chemistry, or the details of any branch that he may have acquired while attending lectures, if he will devote a few minutes of each day to study. Habits of study once acquired, beget a love for it, and the slow plodder thus often outshines the more brilliant, but less industrious competitor. It is a great recommendation to any physician to possess the credit of being highly educated.

Such a reputation, if deserved, often unlocks the doors of palaces, and brings one into companionship with the highest and most powerful in the land; people whose patronage and influence carry with them a fortune for their possessor.

New Remedies.—We intend to canvass the subject of new remedies, or, perhaps, what would be more proper, the new uses of remedies, for many old ones can be made to meet new indications, in every issue of the JOURNAL during the coming year. There is plenty of room for improvement in therapeutics, while no department of medical science will better repay investigation. We will be glad to hear from any of our readers upon this subject, at all times and seasons, for in the free interchange of thought and experience is one of the most fruitful sources of advancement. We especially desire that remedies may be tested as recommended, and reports, either confirming or contradicting made, as soon as fair trial will warrant. In this way we can improve our *materia medica* each year, and as time rolls along, build up something of a monument to the name of Pacific Eclecticism.

Hints to Bachelor Doctors.—In a hygenic point of view, the advantages of marrying a woman who is mature in body, in age, in mind, in judgment, in culture, cannot be easily computed. They are beyond measure. On the other hand, for a mere girl to become a mother, is to give up almost every chance of health, and peril life itself; is to throw away a decade of joyous youth, of delicious anticipations "long drawn out" in gladness, growing the sweeter in their expectancy, making of girlhood a lengthened Sabbath of sunshine, which ending in a wise marriage, is looked back upon to the close of life with the most delightful associations, yet not regretfully, a deeper sweetness being in the present—all this is thrown remorselessly away by her who marries too early.—*Hall.*

Exeunt Bacteria.—For several years the germ theory of disease, has figured quite extensively in medical literature, and one could hardly understand after absorbing the learned expositions of the various earnest workers in microscopical investigations relative to the causation of pathological states, how a man could live at all among so many floating germs. Then Listerism came to the front and we were informed that the continual use of carbolic acid spray served to drive away or destroy them; rendering the patient undergoing a capital operation, the only person safely protected. Listerism is declining, and now there faintly appears in the horizon a prospect that the announcements of Pasteur, Koch, and others of like kidney will all diffuse into ethereal nothingness and be entered upon the archives of medicine as among the great humbugs of the nineteenth century. The diphtheria bacilli which were supposed to exert so active an influence in causing and propagating that disease are now asserted to be but normal elements, and at most, but bearers of the diphtheritic poison; that after thorough washing they become innocuous, proving that the diphtheria poison only exists on their surface. It has also been found that the sputa of non-phthisical persons contain bacilli identical with those described by Koch, and regarded by him as the specific cause of consumption.

Our Facilities.—Oakland, itself a place of 40,000 inhabitants, is just across the bay from San Francisco, the metropolis and medical center of the Pacific Coast. The senior editor of this journal visits that place regularly each day to occupy his office in the treatment of his specialty, and we are offered every opportunity of presenting to our eastern friends the latest and most important medical news of this region. A medical journal published in San Francisco could not be more fully alive to all that is passing in the medical interests of the Pacific slope than we; for, though situated in a suburb, comparatively speaking, we are in almost continual communication; a stream of human freight constantly passing to and from the metropolis in the half-hour ferries which ply between. To a Californian this might seem stale news. We know that many in the East have never heard of Oakland, except, perhaps, through the medical journals, and are not aware that it almost aspires to rivalry with the great city of the coast.

A Bad Case Diagnosed But Not Cured.—For some time past our printer has been afflicted with an elongated physiognomy, and we have been repeatedly urged to administer the proper remedy for its relief. Taking into consideration our indebtedness for printing, the etiology of the disease is not obscure. If any of our readers have ever experienced the sensation of moving about with a drawn club over their heads, they can imagine something of the state of our feelings, for impecuniosity is now an important obstacle to a prompt compliance with what we deem a duty.

Imagine the condition of your purse after the wheels of a railroad train have passed over it, and you will draw some idea of the state of our finances. There is no use to disguise the fact that we need money. The small amount which each one of our delinquent subscribers owes may seem an insignificant matter to him, but the aggregate of the sum of these would very nicely settle all our bills, and pay something toward new issues. Please do not forget to attend to this matter; also please send the amount by the next mail to CALIFORNIA MEDICAL JOURNAL, Oakland, Cal.

Corrections for December Number.—Page 540, seventh line from top of page, read "ʒ iv," instead of "℥ iv;" page 561, twenty-eighth line from top, read "by" instead of "to;" page 562, last line last part should read "favors at." We believe the reader will be able to correct other mistakes without our aid.

A Proposition.—We shall mail a copy of this issue to many physicians who have probably never seen the JOURNAL before. We respectfully request them to examine it carefully and, if it seems worth their while, to become regular subscribers. We intend it to be a fair sample of what each issue shall consist during the coming year. We have a budget of what we conceive to be good things that will last throughout that time. Editorial articles on the climate of the Pacific Coast will appear, serially, and also on the Practical Application of Faradism in Disease. The Materia Medica Review will be continued in the Original Communication department, and our correspondents from a distance, as well as talented members of the Faculty of the California Medical College, will aid in making it an interesting monthly visitor. Were we to return to the East now, knowing what we do of the grand Pacific country, we would by all means regard it as a privation could we not read the medical news of this section. Our journal is read in almost every large city of the United States, and in England and other foreign countries. We wish also to introduce it to every eclectic in the wide union.

WE have received too late for proper notice in this issue a very fine set of Adornments for the Physicians Office, in the shape of photographs of various celebrities in the medical profession and also historic and other illustrations of interest to the medical man, from George S. Davis, Medical Publisher, Detroit. Also, "Electricity in Medicine and Surgery," by George C. Pitzer, M. D., of St. Louis, Mo. These will be reviewed in the February number.

JUST received, an interesting communication from Dr. Milbrey Green, of Boston, Mass., upon experiences in the matter of medical legislation in that State. It was received too late for this issue, but will make interesting reading for our February number.

JUST as we are going to press we are in receipt of a cheering communication from Professor A. J. Howe of Cincinnati, O. A commendatory notice could come from no higher source. The letter is of a private character, but we hope to be favored by an occasional contribution to our pages from his able pen. Eclecticism owes many of its best thoughts and inspirations to Professor Howe.

PROFESSOR CROWLEY has associated himself with Dr. George E. Garrison. The sign now reads, "Doctors Crowley and Garrison." We wish the new firm all the success in the world. Dr. Crowley's energy and ability has already built a fine practice in Oakland. May the double team accomplish corresponding results.

THE article on Specific Medication in Diseases of Women and in Obstetrical Practice, by Dr. Bixby, which appears in the December number, was read before the State Society. It was our intention to mention this in the margin of the first page, but somehow it was overlooked.

THE *Michigan Medical News* asserts that the tobacco habit has received its worst blow in the announcement from certain eminent authority that its early use prevents the proper development of the testes.

WE earnestly and prayerfully request our correspondents to write all communications plainly. We are not good at guessing, and are unwilling to make any one say what they do not mean.

"A little nonsense now and then
Is relished by the best of men."

The following occurred in a rural district east of the mountains not many months ago:—

An elderly gentleman afflicted with a painful disease was finally relieved by the hypodermic use of morphia, and remained comfortable several days after, when one morning his worthy spouse burst into the office of the attending physician with this startling announcement: "Doctor, the old man is worse, and you must come over right away and give him another hyperbolical interjection!"

AN exchange asserts that the plan of nerve-stretching has been traced back to the time of Doddridge, who recommended it as a religious stimulant:—

> "Awake my soul, *stretch every nerve*,
> And press with vigor on."

BOOK NOTICES.

A PRACTICAL TEST OF HOMEOPATHY—FOR PHYSICIANS.—

Boerick and Schreck, San Francisco.

The object of this little work, a pamphlet of some thirty-three pages, is expressedly that of converting the medical mind of the Pacific Coast to homeopathy. It seems plausible to the authors, because some of their remedies have been adopted by other schools of medicine, that the time is fully ripe for the prophets in the Israel of medicine to appear. Our friends seem to have forgotten, that if the adoption of remedies from other medical schools means conversion, they would have been swallowed completely by eclecticism years agone. Looking over their "Clinical Directory," we see frequent mention of such names as plytolocca, podophyllum, iris, dioscorea, cimicifuga, and many others, by which the fathers of eclecticism have sworn for years. The homeopathy of to-day is not that of the time of Samuel Hahnnemann. Had it not been advancing for the last few years with the rest of us, it would now be so moribund that potassæ nitras would not save it. Improved methods of diagnosis, the study of pathology, and an observance of the clinical uses of drugs in large doses, have removed them far away from the Simon-pure practice of administering remedies solely upon symptomatology based upon drug pathogenesis, and when they departed from that, they departed from the Mecca of their faith. We concede to them much more importance in the medical world than they then possessed; but we must insist that they are no longer homeopaths, but eclectics. Indeed, if they would drop some of their vagaries we would not deny them entrance into our fold.

But these occasionally drive a good man out of their ranks into even worse company, as witness the attempted departure of Dr. Lilliencrantz of Oakland, and Dr. S. O. L. Potter, whom the *Medical Investigator* credits with a conversion to allopathy.

We have found some of their agents to act well in the treatment of disease, and when we recommend them, like an honest eclectic, we give "honor to whom honor is due," but as for being swallowed up by the *similia similibus curantur* doctrine, our ears and heels are altogether too large to permit passage down any such throat.

THE DISEASES OF WOMEN—THEIR PATHOLOGY, DIAGNOSIS, AND TREATMENT; INCLUDING THE DIAGNOSIS OF PREGNANCY.—By Graily Hewitt, M. D., Lond., F. R. C. P., Professor of Midwifery and Diseases of Women, University College, London, Etc. Fourth American, From the Last Revised and Enlarged London Edition, with One Hundred and Thirty-two Illustrations. Published by P. Blakinston, Son & Co. 1012 Walnut Street, Philadelphia. Price (Two Parts in one Volume), Paper covers $1.50; Cloth, $2.50.

This is the third time this work has left the author's hands, and it is now substantially new, the third edition having been almost entirely rewritten. Through arrangement made with the author by Messrs. Blakinston, Son & Co., we now have this edition from the advance sheets of the London issue.

We have been very much pleased and edified by the perusal of this work. The author possesses, in an eminent degree, the faculty of rendering instruction lucid and attractive. As a work of reference upon matters of uterine pathology, and diagnosis, and in the use of the various instruments adapted to gynecological practice, and all the manipulations requisite in carrying this branch to its highest perfection, this will be found to fulfill the requirements of the case most admirably. We have never read a work before where these points, even to the minutest detail, are so well presented.

Some ingenuous and recent ideas regarding the etiology of uterine disease are, in addition to other meritorious points, prominent among its interesting features. The author, during a period of nine years, has been extending his observations, both in private and hospital practice, to the development of the fact that uterine disease almost wholly depends for its origin upon flexions, from which result congestion and its sequelæ. His reasons for premising what he has since confirmed to his own satisfaction, are, that the uterine vessels enter that viscus near the internal os; and flexions would have an influence similar to the application of a ligature around the middle of the organ. The blood is thus prevented from returning to the venous circulation of the general system; but the inosculation near the fundus, between the extremity of the uterine, and that branch of the spermatic artery which supplies the fallopian tube, permits a free supply of arterial blood to permeate its tissues. Thus, the exit being retarded, congestion follows. Dr. Hewitt inclines to regard flexion as the primary cause of many forms of uterine disease; and he asserts that a correction of these flexions will be followed by a disappearance of the various maladies resulting therefrom.

The very moderate price asked for this work, as well as the generally recognized merit of former editions, insures for it an extensive and rapid sale.

LACTOPEPTINE. The New York Pharmacal Association.

We object, on general principles, to the use by physician of proprietary remedies. The objection is all the more urgent when these articles embrace complicated formulary with directions for use, thus making of the doctor a kind of automaton. The New York Pharmacal Association undoubtedly finds plenty of this kind in the profession from the amount of mixing they are doing with their lactopeptine. A small pamphlet is on our table which gives a full list of those formulary, which, barring the objection above made, are no doubt clever and ingenious in their construction. There have been many discussions regarding the probable superiority of lactopeptine over the other preparations of pepsin. Some doubt the efficacy of pancreative having any favorable action on the alimentary digestion, after it has been subjected to the acids of the gastric secretions.

After a somewhat extended use of this combination, embracing a number of years, we would recommend it in preference to any other preparation of pepsin. Beaudault's pepsin, and so far as we know some others, have as much power to digest aliment, but are not palatable, while the lactopeptine is pleasant, and is readily taken by the most fastidious. It can be combined with sulphate of hydrastia and subnitrate of bismuth in digestive ailments of children and adults.

A REVISED AND ENLARGED EDITION OF CLARK'S NEW SYSTEM OF ELECTRICAL MEDICATION—By A. W. Tipton, M. D., Jacksonville, Ill., to whom all orders should be sent. Best English cloth $3.00; Library binding $4.00

This work comes to us like an old friend, altered by years of absence, but altered for the better. We have passed through a stage of skepticism, as regards the value of electricity in medical practice, and our conversion to the better way has now become so confirmed, that not all the reasoning of the world's best philosophers could convince us to the contrary.

Clark's Electrical Medication, was the authority which we followed when the light first broke in upon us, and the one whose principles we still observe in the practical application of electro-therapeutics. So simple, that almost "the wayfaring man though a fool" might understand, it gave us better satisfaction than the more pretentious works of Althaus, Beard and Rockwell, or Bartholow.

The remodeling, which it has received at the hands of Dr. Tipton, in nowise detracts from its merits. He has brought it nearer the standard of a scientific work, by adding an account of the development of electrical science, introducing the symptomatology of disease, and combining with the electrical treatment the use of different drugs, when these are required as auxiliaries.

We have not had time to examine it as carefully as we intend, when greater leisure will permit, but we observe old familiar land-marks in turning it over, which warrant us in commending it; for we know whereof we affirm. The mechanical part of the work is far superior to that of the old one, doing great credit to the publisher.

There are some theories contained in it, with regard to spiritual matters, upon which we have not thought deeply, and which we are inclined to regard as foolishness; but even if it is we have no fear of contamination from that source, for our religious views are too firmly grounded; and no good eclectic can afford to be a hyper-critical stickler upon such points. Throwing this all aside then, we say to all physicians employing electricity in practice, and every one should do so in order to be fully equipped, buy this work, study and follow its teachings, as respects the practical use of electricity as a remedial agent. If it does not do all that is claimed for it, it will do enough to astonish you in some cases, if you are unfamiliar with its successful application. Buy the book first and your battery afterward; for the book may prove a valuable guide in enabling you to select a proper instrument. Were we to object at all to this valuable production, it would be to the very stern expression which the classical features of the worthy Doctor assumed, while sitting for the portrait which embellishes its front. We are convinced by the general make-up of his physiognomy that the milk of human kindnesss flows through his veins and that the expression is entirely foreign to his inner nature. The successes of a competent electrician are too flattering and his returns too substantial to leave room for misanthropy. But the physician should always preserve a smiling exterior, even though grim Despair, is meanwhile tugging at his very heart-strings. The people expect this, and it has become so important a part of the physician's general demeanor, that he is usually the pleasantest man in all the world until night finds him tired and disgusted in his own domicile.—Here we draw the curtain.—If the partner of his bosom chooses to divulge her secrets to the public she may. We promise to never tell.

LEGAL MEDICINE. By Charles Meynott Tidy, M. B., F. C. S., Master of Surgery, Professor of Chemistry and Forsenic Medicine and Public Health at the London Hospital, Medical Officer of Health for Islington, Late Deputy Medical Officer of Health and Public Analyst for the City of London, Etc., Etc. Published by William Wood & Co., 56 and 58 Lafayette Place, New York.

The above is in two volumes of 300 pages each, and constitute the November and December numbers of Wood's Medical Library. Most of our readers are familiar with the style of these publications, as regards the printer's part of the work, and so comment on our part is unnecessary. The author undoubtedly does himself credit in the arrangement of his matter, as a work of reference for practitioners. The subjects are treated briefly, without omitting essential material, and the style is so attractive as to make subjects, otherwise dry, quite readable. We have no words of criticism for this work, and think it should be in every physician's library.

SELECTIONS.

POISONING BY ACONITE.

DR. PETER EADE reports the following case in the *Lancet*, March 25, 1882:—

A. B. C., aged twenty, died suddenly about 1:30 A. M. on the first of January, 1859. It appeared by the evidence given before the coroner that on the preceding evening, being old year's night, he determined to sit up and see the new year in, and that at about half-past ten or eleven P. M., he sent the housekeeper out for some beer and gin wherewith to make egg-flip. This was fetched, the flip made, and about a pint and a half of ale and two ounces of gin drunk. He also made a hearty supper of bread and cheese. He told the housekeeper at supper-time that he felt cold and uncomfortable, but he talked long and cheerfully. He had all day been quite well, and on the preceding night had been out at a dancing party. He went to bed about half-past twelve, and put out his candle. About a quarter past one he got up, and told the housekeeper to go down stairs to fetch him some warm water (to make him sick), as he felt very bad. He also stated that his pulse was beating very fast. He said he had taken something before supper to create an appetite, and he was afraid he had taken something wrong. The woman got him some warm water, and advised him to put his fingers into his throat, which he said he had done without being able to vomit. A chemist, who lived opposite to the dispensary, was now sent for, and when he came, he found him much excited and frightened, saying that he felt very bad, and that his pulse was beating very fast—as he expressed it, "as if it would jump out of him." On examination the chemist found that it really was throbbing violently. The sufferer also remarked that he was afraid he had taken something by mistake for tincture of orange-peel. He complained of a pricking and tingling in the mouth, throat, and stomach, and even down to and in the anus. (He had complained during supper time of an itching or tingling in the eyes or eyelids—*i. e.*, soon after the supposed time of swallowing the dose.) The chemist now went down stairs to fetch some ammonia and ether, and when he returned (he heard him call out just before reaching the door of his bedroom) he found him in a cold, clammy sweat, and dying with some froth issuing from his mouth. He was conscious until a very short time before his death; and he did not appear to have been either convulsed, purged, or to have vomited. On examining the medical shelves of the institution, it was found that the bottles containing the tincture of orange-peel and tincture of aconite stood on adjoining shelves, within about two feet of each other. The color of the tinctures was nearly the same, and both were standing in the part of the surgery indicated by the deceased as that from which he had taken what he supposed to be tincture of orange-peel. Each of these bottles lacked some three or four drachms of being full, but the dispenser asserted that he had not used any tincture of aconite out of the aconite bottle since it was sent home from the druggist's. The label on the aconite bottle was a written one, and the tincture of aconite might easily have been mistaken by a careless or hurried person in the gaslight for tincture of orange-peel.

Taking into consideration that he stated himself to have taken a dose of what he considered to be tincture of orange-peel; that the tincture of aconite stood on an adjoining shelf, was of nearly the same color, and was contained in a similar bottle, having an indistinct label; that the symptoms he complained of were a peculiar pricking and tingling feeling throughout the whole alimentary canal, as well as about the eyes; that he shortly afterwards died with cold clammy sweats, within from two hours and a half to two hours and three quarters of the supposed time of taking the dose—I gave the opinion that the death was produced by an overdose of tincture of aconite, its action having been delayed by the patient having partaken freely of beer, etc., followed by a hearty supper almost immediately afterwards, and I considered that the facts and symptoms warranted this opinion, even though vomiting, purging, and convulsions were absent. A verdict was returned accordingly.

No post-mortem examination was made, but it was noted, nineteen hours after death, that the body was pale and very rigid, the countenance calm, and the pupils somewhat dilated.

NOTE.—I afterwards learnt that this gentleman and his brother (the resident surgeon) had each, a day or two before, taken a dose of ammonia and tincture of orange-peel as a cordial; that the brother poured out the tincture, and that the deceased stood in the surgery and saw the corner whence the bottle was taken. This made the case still more clear and certain, and also explained an observation made to the chemist when proposing to get the deceased some ammonia, that he had already had some. He had no doubt taken some sal volatile with the tincture, in imitation of the cordial draught taken on a former occasion. I have no note of the strength of the tincture of aconite, but have no doubt that it was the tincture of the London Pharmacopœia of that date.

ARSENICAL POISONING.

DR. A. C. BOWERMAN thus writes in the *Canada Lancet*, April 1882:—

A well marked difference is known to exist between the symptoms produced by arsenic taken *per os*, and those arising from its action in the form of gas or dust. The following cases, under my own limited observation, will serve to illustrate the extreme susceptibility of some persons to the administration of pharmaceutical preparations of arsenic.

A. B., æt. 28, male, delicate and of sedentary habits; troubled with an obstinate pityriasis, was ordered the following prescription: ℞—Elix. ferri et calisaya, ℥iij., Fowler's sol. of arsenic, ʒij.—M. Sig.—A teaspoonful three times daily, after eating.

The above preparation of Liq. Arsen., I think, was made after the U. S. P., consequently each drachm contained about a ½ grain of arsenious acid. One grain was therefore the total quantity put into the prescription, and although the whole quantity was not taken, yet the result was nearly fatal. The medicine was first taken on Tuesday, after dinner, again after tea, and again on Wednesday after breakfast. Not being content with this, the patient, in his eagerness to accomplish a cure, took a dose during the interval more than was ordered, thus taking five or six doses daily. For some days previous to the exhibition of this remedy, the man had been suffering from an acute bronchitis with considerable expectoration. Bartholow says: "Arsenic stimulates the cerebral functions and induces a feeling of well-being, and in some subjects decided mental exhilaration." On Wednesday our patient experienced great exhilaration, amounting almost to intoxication; but on Wednesday night a severe constricting headache supervened, with restlessness, sleep disturbed by nausea, great tenderness over epigastrium, with occasional colicy pains. On Thursday the remedy was continued irregularly, the cough had become loud, harsh, and had a metallic ring; voice grating, and expectoration very difficult. The tongue was covered with a white coating, except the tip and edges; the face presented a pinched expression; eyes sensitive to light; eyelids swollen at the inner angle; constricting headache; considerable nausea and want of appetite. Severe pain in the back obtained from the first; palpitation of the heart became excessively painful. Frequent retching prevented much sleep on Thursday night, while all the above symptoms became more exaggerated on Friday, when a settled condition of melancholy prostrated the patient. Cold chills now came on, with sighing, yawning, and frequent hiccough. Nothing was taken but some mucilaginous drink, and the cause faintly suspected. About 3 A. M. of Saturday, however, the patient awoke in great distress, as if apprehending some calamity. The physician, on visiting him, found his condition as above described, and with the face now puffed out like a blister, eyes nearly closed, violent and most painful palpitation, nausea, griping pain in the abdomen, pain in back, etc. The patient remarked a peculiar flash, as of an electrical spark, in the outer side of the right eye; this remained and gave considerable annoyance for some weeks after abatement of the other symptoms. Stimulants, diaphoretics, etc., with mucilaginous drinks were administered freely and continued through Saturday and Sunday, when all the alarming symptoms abated. On Monday evening the patient left his bed, still, however, complaining of great prostration. In the above case, so near a fatal termination, less than a grain of arsenious acid was taken, in not less than fifteen or sixteen doses, and spreading over a period of about seventy-two hours. It is now manifestly impossible, in view of the above, to accurately estimate the individual susceptibilities of people to the action of this remedy, until we have prescribed and carefully watched against any untoward results, when the administration may be immediately discontinued.

The second case coming under my notice was that of a boy æt. four, suffering from chronic eczema since early infancy. I have good authority for saying that he had been taking Fowler's Sol. of Arsenic for about four weeks, but in what doses I do not know. The medicine was ordered by a physician some miles distant, and the child had only been seen by the doctor twice since the remedy was begun. Nothing unusual was remarked by the mother except frequent nausea, until the period of which I am speaking, when, after eating immoderately of currants and raspberries, the child was seized with vomiting, intense thirst, fever, and great abdominal pain. These symptoms having been attributed to the excessive ingestion of unripe fruit, an enema was ordered, which had the effect of removing a great quantity of impacted fæcal matter, composed largely of the seeds of the fruits eaten. Much relief was given by this course, but only of temporary duration. Vomiting was with difficulty arrested for short intervals. The specific cause in this case was not even suspected by me, until the vomited matters assumed a bluish-green color not unlike solution of sulphate of copper. Dr. Ingersoll, of Picton, was now called and diagnosed the case, beyond doubt, as due to arsenical poisoning. A fatal result seemed inevitable, and all efforts to the contrary were unavailing, the child dying in the utmost conceivable agony about thirty-six hours after my first visit.

THE PHYSICS OF ANAESTHETICS.

In the suggestive paper in the *American Journal of the Medical Sciences* for April, 1882, Dr. William H. Greene points out the possibility of disastrous results being due to the physical nature of an anæsthetic to the exclusion of all other factors.

All gases or vapors which are capable of replacing a portion of the air entering the lungs, and which exert no poisonous action on the tissues, may be classed as anæsthetics, probably from their excluding oxygen from the lungs, and Dr. Greene shows it is not at all improbable that at least a part of the effect of all anæsthetics is due to the same cause.

The elimination of an anæsthetic is a matter of as vital importance as is its introduction, and this elimination, for the most part effected by the lungs, must be governed by the laws of the diffusion of gases. If the vapor diffuse but slowly into the air, it is obstinately retained by the air lobules, and its presence must, to a certain extent, interfere with the elimination of carbon dioxide and the necessary absorption of oxygen.

The rate of diffusion of gases is inversely as the square roots of their densities. Dr. Greene makes an interesting comparison between the vapor densities of a few simple compounds, and, at the same time, their reputed values as safe anæsthetics, in which the attention must necessarily be drawn to the low densities of the substances which are universally recognized as those whose employment is most devoid of danger.

IMPURITIES OF CHLOROFORM.

THE *Canadian Journal of Medical Science* says:—

M. Regnault, at the Academy of Medicine, recalled the discussions relative to the impurities in chloroform used for surgical purposes, and the accidents which may supervene in consequence. He mentioned the unreliability of the ordinary permanganate test.

M. Gosselin had long been of the opinion that the accidents were due to the faulty method of administration, rather than to the impurities of chloroform. His method of administration was to cause the patient to take four chloroform inspirations, then two inspirations of pure air, then six of chloroform and two of air, then eight of chloroform and two of air, and so on, separating by two inspirations of pure air the lengthening series of chloroform inspirations. He thought the accidents were due to individual disposition, for all patients were not affected in the same manner by the same chloroform on the same day.

M. Verneuil considered the best, surest, and most practical test for the impurities of chloroform was the sense of smell. He, like M. Gosselin, considered the fault to be in the method of administration rather than in the contained impurities. He considers the accidents largely due to personal habits and diatheses. The only objection he had to chloroform was that it produced by its instant action upon the pharynx a spasm of suffocation—this did not occur in patients previously tracheotomized. The quality of the chloroform he considered of secondary importance; all depends upon the mode of administration. M. Maurice Perrin, on the contrary, considers the minor accidents, such as inability to produce anæsthesia, vomiting, etc., of which alone he is speaking, to be due to the contained impurities, and that they have nothing to do with the mode of administration. For thirty years he has used chloroform, yet it is only since 1878 that he has noticed it acting differently; with purified specimens he has obtained the good results of former times. Without being able to state precisely in what these impurities consist, he considers himself justified in attributing these accidents to the impurities of the drug.

M. Regnault thought that even the purest chloroform was susceptible of rapid alteration on exposure to the light, and in contact with a fatty body. He recognized as good chloroform that which poured upon a piece of paper folded in two, retained its agreeable odor until complete evaporation. He thought some people had the chloroform sickness as others had sea-sickness.

DIPSOMANIA AND DRUNKENNESS.

DIPSOMANIA, on account of its most prominent symptom, viz. intolerable thirst for alcohol, is very often mistaken for alcoholism or drunkenness Dipsomania we hold to be a disease, drunkenness a vice; the drunkard is responsible for his acts; the dipsomaniac, at least during his paroxysms of drink, is not. It will be our object in this paper to bring orward some of the prominent facts in the differential diagnosis of these two conditions.

Dipsomania is a marked neurosis analogous to epilepsy. It is an inherited disposition, breaking out periodically in irresistible attacks of cravings for alcohol, which overwhelms the patient, effectually controls his mind and will, and destroys all moral freedom. These paroxysms are followed by free intervals in which the patient regains complete command over himself, and makes the best intentions for the future, but always fails when the attack returns. Sooner or later it ends in dementia. In the simplest form, free from all complications, the attack is generally preceded by prodomes of shorter or longer intervals. Most conspicuous is a decided change of character; the patient is very irritable and ready to quarrel; is boisterous in manner and language; restless, discontented and full of anxiety; his thoughts move slowly;

a feeling of impending disease, decrease of appetite, restless sleep and inability to work follow, and in a few days more a desire for alcohol comes on, increases rapidly, and absorbs all thoughts. A single glass of alcohol relieves, but only for a few brief hours at most; all the morbid feelings reappear with far greater intensity, drink, drink, and the more he drinks the greater becomes this want, until finally the natural man disappears and the monomaniac, with no other thought but drink, comes out in his place. Whether at home or elsewhere he drinks constantly, drinks to stupor, awakens to again drink himself into the same condition. If he is prevented from gratifying his craving he shows great suffering and dissatisfaction, and readily uses every means by threat or force to procure spirits. So imperative is this want that he is deaf to all entreaties of his family, oblivious to respect of friends or pride of position; he sells or pawns anything and has no fear of committing crime, if any of these will only procure him the means to gratify his thirst. Severe vomiting or profuse perspiration ensues at the termination of the paroxysm. His mind returns, and slowly resumes all his former habits. In the interval he is morbidly conscious of his disease; seeks means to repair the injury done; forms the best intentions for the future; but notwithstanding all, after a shorter or longer interval, differing in each case, the disease breaks out again. The length of the paroxysms varies much, from one day to several months. Some patients use no liquor during the interval, others abstain for the first few days after an attack and then drink moderately. Dipsomania has appeared in persons who had never tasted or used alcohol before. In all cases of dipsomania mental disorders appear sooner or later. The patients become melancholy, talk little, are anxious and restless, and have hallucinations. The memory grows weaker, the thoughts are slow, all interest is lost, ending in complete dementia. A case is on record where the patient suffered for twenty years. Usually intercurrent diseases cause death much sooner.

Drunkenness is a vice. No matter in what forms it shows itself, whether it is of the intermittent, or the remittent, or the continuous type, it presents this striking characteristic: The drunkard, until his mind is entirely lost, is always able to exert a certain command over himself and control his acts. In him the desire for drink is governed by circumstances—such as time, place, financial condition, etc. Take a case of intermittent drunkenness. The man, a workingman, will drink on Sunday; he goes to work on Monday, and remains sober the rest of the week. In his case there is no periodic desire for drink—money and idleness are the prompting causes. He can fully control his appetite during the week when his work demands it, but when he has nothing to do, on Sundays, alcohol masters him. It is the same in all cases.

Preservation or loss of control over himself is the dividing line between dipsomania and drunkenness. The drunkard can reform. Dipsomania is, by most authorities, considered incurable. Withholding liquors from them brings on marked maniacal symptoms in most cases.

"ON HIS EAR."

[From the Medical Brief.]

EDITOR MEDICAL BRIEF:—On a cold, stormy night, March 22, 1881, at ten o'clock P.M., I was called in haste to visit Mr. B., an old man residing five miles south on his farm. Mr. B. had been to Kewanna in a wagon to do some trading, and on returning home through the mud and darkness he was thrown out, striking on his head, with the spring seat on top; the tire of the hind wheel tore off his right ear, one-eighth of an inch of the epidermis only holding it on. His team ran home, and he gathered himself and followed, finding his team in a wood lot some distance beyond his barn. On arriving at his house, Mr. B. sat reading the news; Mrs. B. had applied a bandage to check the bleeding, and when I removed it his ear dropped down. I washed off the mud, and with adhesive plaster and a bandage fastened his ear in place. His ear was torn out so deeply that the parietal bone was exposed, and the internal ear protruded one-half inch. Mrs. B. was very anxious that his ear be saved, but I gave them but little hope, it being a lacerated wound with only one-eighth of an inch of epidermis to sustain the circulation. On the 24th, I again cleansed it and new adhesive strips were applied, and I was surprised to find that union by first intention had taken place in different portions of the outer surface. I dressed the wound twice each week at my office until May 7th, when I discharged him with a sound ear, but his hearing imperfect in that organ. The case is one of interest, as it instructs us that nature will restore, in some cases, where parts are almost destroyed by accident or disease.

Another case occurred in my practice, thirty years since, more remarkable than the one just related: A poor family living on the edge of this town, had two children, a boy and a girl. Both were playing with a hatchet; the boy was holding a small stick on a log, and the little girl was bid to cut it off, but missed the stick and severed two fingers on his right hand. The mother in her fright picked them up and hastily, while streaming with blood, stuck them on, but in the hurry placed the nail of the first finger on the inside, and united by first intention, as I found on dressing them the following day.

The attention of some of our leading surgeons are being called to facts like last one described.

G. H. Boyland, of Baltimore, Md., in an original article gives many cases where parts of the body which were entirely detached, have been successfully reunited.

Kewanna, Ind. W. T. CLELAND, M. D.

A NEW SURGICAL SILK.

BY WILLIAM H. MORSE, M. D., PITTSFIELD, MASS.

IT used to read in my creed, "I believe in Corticelli silk!" Lately I have changed my article of faith, and before me, as I write, I have a silk preferable to the best Corticelli. The article is one introduced to me by the maker, William Snowden, of Philadelphia, and is made at the suggestion of Prof. William H. Pancoast. It is black, made of pure silk, and dyed with iron, which is fixed in the silk, and is finished with acetic acid. There are those who may object to dye, but let me tell you all of the so-called white silk is finished with lead. A black ligature is less irritating than a white, and I have found that the former will remain for a long time without producing irritation, while a white silk, side by side, will produce more or less inflammation in its track. Then the black ligature is more readily seen after an operation than the white, especially when the wound is healing, and is not so apt to be discolored by blood and pus. The surgeon has no time to spend in looking for a lost thread.

There are fourteen sizes made. Among those I use Nos. 13 and 14 for ligating tumors, and they are equally valuable for ligating hemorrhoids, and in the operation for varicocele. Nos. 1 and 2 are used with great satisfaction in the operations on the eye, and the numbers intermediate between 2 and 13 have no equal for all ordinary uses.

I am in love with the silk, and can recommend it over any other that I have ever handled. It is strong and cheap, nicely finished and durable. The manufacturer will send samples to any physician, and if you want a good silk you will try this.—*Medical Summary.*

AMYL NITRITE FOR AGUE.

DR. SAUNDERS, of Indore, India, reports in the *Indian Medical Gazette* a number of cases of ague successfully treated with amyl nitrite. He asserts that in every instance the disease yielded quickly and permanently to the amyl treatment. He mixes the drug with an equal volume of oil of coriander to make it less volatile and to cover its odor, and administers it as follows: Four drops of the mixture are poured on a small piece of lint, which is given into the hands of the patient for him to inhale freely; he soon becomes flush, and both his pulse and respiration are much accelerated, and when he feels warm all over the inhalation is discontinued, as the symptoms continue to increase for some time afterward; a profuse perspiration now sets in, which speedily ends the attack, though in some cases the cold stage merely passes off without any hot or sweating stage.—*Lancet and Clinic.*

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